



**Shrewsbury Parks & Recreation  
Special Needs Program**



**SOCCER 2006  
ATHLETE  
REGISTRATION FORM**

- ☺ **REGISTRATION DEADLINE: WEDNESDAY - AUGUST 23rd**
  - ☺ **REGISTRATIONS WILL NOT BE ACCEPTED AFTER WEDNESDAY AUGUST 23rd**
  - ☺ **AGE REQUIREMENT: 6 years & over (6 to practice – 8 to compete)**
  - ☺ **FIRST PRACTICE : Sunday, August 27, 2005**
  - ☺ **PRACTICE LOCATION: Maple Ave, Shrewsbury**
  - ☺ **PRACTICE TIME: Sundays, 4:00 – 6:00 pm**
  - ☺ **No Practice Sunday, September 3rd, 2005 (Holiday Weekend)**
  - ☺ **Sports Fee: \$25.00**
  - ☺ **SOCCER ASSESSMENT ROUND: To Be Announced**
  - ☺ **STATE SOCCER TOURNAMENT: Sunday, November 5, 2005**
- LOCATION: Governor Dummer Field, Byfield, MA**

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**ALL COMPLETED REGISTRATION FORMS with CHECKS MUST BE RECEIVED BY AUGUST 23rd.**

**MAIL REGISTRATION FORMS TO:  
Shrewsbury Parks and Rec, 100 Maple Avenue, Shrewsbury MA 01545**

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**Shrewsbury Parks & Recreation – Special Needs Program  
SOCCER 2006 ATHLETE Registration Form**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**You are registering as: an Athlete** and will participate:

In practices only ☐

In practices, assessment round & single day state tournament ☐

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Waiver:** Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved, that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent hereby consents to medical treatment for children listed above in the event of illness or injury. Please list any medical/allergies/special needs the staff should be aware of to make your participation a success. I understand the rules/policies stated above and agree to follow them accordingly.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE: PARENTS ARE RESPONSIBLE FOR SUPPLYING, OR ARRANGING FOR, TRANSPORTATION FOR THEIR CHILD TO ASSESSMENT ROUND**